

CHAPERONE POLICY - ADULTS

Key Document Code:	WAHT-CG-606	
Department / Service:	Safeguarding	
Author/Owner:	Deborah Narburgh	Head of Safeguarding
Accountable Director:	Hayley Flavell, Chief Nursing Officer	
Approved by:	Integrated Safeguarding Committee	31 st March 2026
	Improving Safety Action Group	5 th May 2026
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Date of review:	5 th May 2026	
Revision Due:	5 th May 2029	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	Trustwide	
Target staff categories	This Policy applies to all Worcestershire Acute Hospitals NHS Trust (WAHT) staff.	

Policy Overview:

This Policy sets out the rights of patients to have a chaperone present during any intimate examination, procedure or treatment. Worcestershire Acute Hospitals NHS Trust is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed.

Intimate or personal care and examinations must be practiced in a safe, sensitive and respectful manner otherwise misunderstandings may occur which may result in allegations of abuse or assault. All patients have the right, if they wish, to have a chaperone present during an examination, procedure, treatment or any care irrespective of organisational constraints or settings in which they are carried out.

The presence of a chaperone can be of reassurance to both patients and health professionals, especially when there is a need for an intimate examination to be performed, regardless of the gender of either the healthcare professional or the patient. The presence of a chaperone during intimate examination, procedure or treatment is a safeguard for both patient and healthcare professionals.

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1. Introduction

In 2000, GP Clifford Ayling was convicted of sexual assault on 10 female patients during intimate examinations. At the time, the GMC's guidance on intimate examinations (1996) suggested that 'whenever possible' doctors should offer a chaperone or invite the patient to bring a relative or a friend.

The inquiry that followed the Ayling case found that he usually carried out intimate examinations without the presence of a chaperone. The inquiry outcome called for trained chaperones to be routinely offered in these situations. Patients would have the right to decline if they so wished.

1.1 Current General Medical Council Guidance

Current GMC Guidance: Intimate examinations and chaperones (January, 2024) advises that:

- Whenever you examine a patient, you should be sensitive to what they may think of as intimate and make clear the steps that will be carried out as part of the examination, before it begins.
- Before conducting an intimate examination, you should:
 - a. explain to the patient why an examination is necessary and give the patient an opportunity to ask questions
 - b. consider and address any communication barriers that could impact on the patient's experience or understanding of an intimate examination
 - c. explain what the examination will involve in a way the patient can understand, so that they have a clear idea of what to expect, including any pain or discomfort
 - d. explain to the patient that they can ask at any time for the examination to stop
 - e. offer the patient a chaperone and explain what the chaperone's role would be during the examination.
- You must obtain the patient's consent or have other valid authority before the examination and record that the patient has given it
- If an adult patient lacks capacity, you should follow the principles of the Mental Capacity Act and Code of Practice guidance
- You should give the patient privacy to undress and dress, and keep them covered as much as possible to maintain their dignity. Do not help the patient to remove clothing unless they have asked you to, or you have checked with them that they want you to help.
- The chaperone should usually be a trained health professional, although doctors should comply with 'a reasonable request' to have a family member or friend present as well as a chaperone. Friends or family members who may be present must not be expected to take on a chaperoning role as this may not be what the patient wants.
- Care must be taken to ensure that if a patient doesn't speak English then an interpreter should be used (not a family member).
- Intimate examinations may be embarrassing or distressing for patients and such examinations should be carried out sensitively.
- The person undertaking the examination should respect any request for the examination to cease.

1.2 Chaperone & Best Practice

It should be considered best practice to offer a chaperone to patients when undertaking examinations. The offer of a chaperone should be clear to the patient before any consultation, ideally at the time of booking the appointment in line with Care Quality Commission guidance. The offer should be reinforced at the time of the examination.

2. Scope of this document

This Policy sets out guidance on the use of chaperones within Worcestershire Acute Hospitals NHS Trust and is based on recommendations from the General Medical Council, The Nursing and Midwifery Council, NHS Guidance and the findings of the Ayling Inquiry (2004).

This document applies to all staff groups working within Worcestershire Acute Hospitals NHS Trust and applies to all staff who may be involved in the examination or undertaking of clinical procedures, as well as those staff who may be asked to chaperone patients.

This document should be used in conjunction with existing guidance from Professional bodies and with reference to:

- Consent to Examination & Treatment Policy
- Clinical Record Keeping Policy
- Freedom to Speak Up Policy
- Mental Capacity Act 2005
- Policy on Chaperoning Infants, Children and Young People
- Managing Allegations – People in a Position of Trust
- NHS Sexual Safety Charter

3. Definitions

3.1 NHS Chaperone

An NHS chaperone is an appropriately trained member of staff who is present during an examination or treatment of a patient. The primary role of the chaperone is to assist the clinician undertaking the procedure in supporting the patient and to act as the patient’s advocate, being sensitive to their needs and respecting and maintaining their privacy and dignity (NHS England, 2025).

3.2 Intimate Examinations

The General Medical Council (2024) definition of an intimate examination is agreed as a guiding principle: ***“Examinations of the breast, genitalia and rectum but could also include any examination where it is necessary to touch, examine intimate parts of the patient’s body digitally, or even be close to the patient.”***

Key Information for Staff:

Royal College of Nursing (RCN) Genital Examination in Women (Updated 05.04.2024)

[Genital Examination in Women | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org.uk/genital-examination-in-women)

Intimate Examinations and Chaperones - GMC Guidance (Updated 30th January 2024) (please check website for most current advice)

[intimate-examinations-and-chaperones_pdf-58835231.pdf](#)

4. Responsibility and Duties

Chief Nursing Officer

The Chief Nursing Officer has Executive responsibility for implementing the Chaperone Policy and assuring quality and safety governance.

All Staff

All staff required to provide clinical care of an intimate nature are personally and professionally responsible for ensuring compliance with this Policy.

Staff may undertake the role of chaperone as part of their wider clinical or support duties, in line with their training and the requirements of the service.

All staff are also individually responsible for the reporting and escalation of any concerns they may have about the care provided by a colleague(s) to a patient or patients.

All incidents related to this Policy should be recorded via the Datix incident reporting system.

Attendance at Chaperone training is essential to role for any staff undertaking chaperone duties.

Departmental Managers / Matrons / Service Leads

Departmental Managers / Matrons / Service Leads are responsible for ensuring staff are appropriately trained to act as chaperones and that record keeping procedures are clear and well implemented.

Head of Safeguarding

The Head of Safeguarding is responsible for:

- The management of allegations associated with Chaperone procedures.

- Ensuring the Trust has an up to date Chaperone Policy & Procedure
- Ensuring a training package for individuals undertaking chaperone responsibilities

Freedom to Speak Up (FTSU) Guardian

The FTSU Guardian is responsible for wider NHS guidance on empowering staff to 'speak up' or raise concerns.

Human Resources

Are responsible for ensuring NHS Sexual Safety in Healthcare Policy and procedures are in place for the workforce.

5. Policy detail

5.1 Types of Chaperone

5.1.1 Informal Chaperone

This may be a family member or friend of the patient. An informal chaperone would not be expected to take an active part in the examination or delivery of treatment. **The presence of a family member, parent or carer does not replace the need for a chaperone.**

A chaperone is for the organisation to provide, under their organisational chaperoning Policy, on request of the patient or their family or carer. However, the patient may wish to decline the offer of a chaperone if they feel that their family member or carer is able to provide the support they need.

Children must not act as informal chaperones for their adult family members.

The presence of an informal chaperone does not provide complete protection against allegations of malpractice. In some circumstances a formal chaperone may need to be present as well.

5.1.2 Formal Chaperone

A formal chaperone has a specific role to play in terms of the consultation, and this role should be made clear to both the patient and the person undertaking the chaperone role. The formal chaperone may be a WAHT employee or an external employee, for example a care home provider.

It must be documented in the patient's clinical records if an informal or formal chaperone is provided.

5.2 Emergency situations

In certain circumstances such as an emergency, it will be lawful to carry out examinations or treatment, if it is deemed to be in the patient's best interests, on the provision that the specific examination or procedure has not been the subject of an advanced refusal in a valid and signed advance directive. In certain cases, patients may have taken steps in advance to document what interventions they will and will not consent to at a time in the future where they may lack capacity to consent for themselves.

5.3 When to offer a chaperone

The most obvious example is with intimate examinations, and in these situations a chaperone must always be offered. However, it is important to remember that what can be classed as an intimate examination may depend on the individual patient. A chaperone should be offered routinely before conducting any intimate examination.

In order for patients to exercise their right to request the presence of a chaperone, a full explanation of the examination, procedure or treatment to be carried out should be given to the patient. This should be followed by a check to ensure that the patient has understood the information and gives consent in accordance with WAHT Consent to Examination or Treatment Policy (WAHT-CG-075).

Some patients may require a chaperone for other examinations too. For example, particularly vulnerable patients, or those who have suffered abuse, may need a chaperone for examinations where it is necessary to touch or be close to them.

5.4 Why use a chaperone?

It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required.

If a patient prefers to undergo an examination/procedure without the presence of a chaperone this should be respected and their decision documented in their clinical record. The only exclusion to this is when intimate examinations or procedures are performed:

- Their presence adds a layer of protection for both the healthcare professional and the patient; it is rare for an allegation of assault to be made if a chaperone is present. In the event of an allegation being made, WAHT Managing Allegations Against People in a Position of Trust Policy should be followed (WAHT-HR-098).
- To acknowledge a patient's vulnerability and to ensure a patient's dignity is preserved at all times
- They may assist the health professional in the examination; for example, the chaperone may assist with undressing/dressing of patients as required
- Provides emotional comfort and reassurance to the patient

5.5 Role of the Chaperone

The following details the core roles and responsibilities of a chaperone (this list is not exhaustive).

- Receive appropriate and necessary training.
- Be sensitive to the patient's needs, respecting and maintaining their privacy and dignity.
- Provide emotional comfort and reassurance.
- Be courteous and professional at all times.
- Encourage patients to ask questions and seek clarification.
- Be alert to signs of patient distress – both verbal and non-verbal.
- Understand the clinical context and be able to appropriately observe the examination or procedure.
- Act as the patient's advocate when required.

- Identify and raise concerns about any unusual or unacceptable behaviour by the healthcare practitioner.
- Assist with undressing or dressing if requested by the patient.
- Help the patient understand what is being communicated to them.
- While chaperones may support clinicians, this is not their primary role.
- Stay for the whole examination and be able to see what the doctor is doing, if practical
- Chaperones are not required to be registered clinicians. It is outside their remit to challenge the clinical decision to perform an examination or procedure. However, they have a duty of care to raise concerns about unsafe practices, in line with wider NHS policies.
- The formal chaperone should document their presence in the clinical record, noting the date, time and nature of the examination or procedure.

5.6 Unconscious patients, anaesthetised / sedated patients

Whenever possible, e.g. for elective surgery patients, consent for examination, procedures or investigation should be obtained prior to any anaesthetic/ sedation; and be in writing following the trust procedure for obtaining consent. Where this is not possible, e.g. as a result of unplanned or emergency surgery, every effort should be made to ensure that a chaperone is present during examination.

Equal consideration should be given to unconscious patients and chaperones should always be present when intimate care and examinations are being performed on unconscious patients.

You must make sure that the patient's privacy and dignity is maintained even while under anaesthesia.

5.7 Patients with individual needs

5.7.1 Consent and reasonable adjustments for vulnerable patients

If the patient cannot make an informed decision, the healthcare professional must use their clinical judgement and be able to justify their course of action. Worcestershire Acute Hospitals NHS Trust has a duty to ensure that reasonable adjustments are made for vulnerable patients as per their duty under the Equality Act.

Staff should identify where patients may have additional needs, such as communication difficulties or learning disabilities, and make individualised reasonable adjustments to ensure they understand the offer of a chaperone and feel supported. This may include using accessible information, involving carers or advocates, or allowing extra time for discussion.

Staff must be aware of the implications of the Mental Capacity Act and if a patient's ability to understand the implications of consent to a procedure with or without the presence of a chaperone is in doubt, the procedure to assess mental capacity should be carried out in line with Policy for Assessing Mental Capacity and Complying with the Mental Capacity Act 2005 (WAHT-CG-752).

5.8 Interpreter Services

The Trust is committed to providing accessible and appropriate care to all patients. Staff should ensure that patients whose first language is not English receive the information they need and that they are able to communicate effectively with healthcare staff. It is not appropriate to use children for the purpose of interpreting. Where the practitioner has any difficulty or concerns with regard to effective communication and the ability to obtain informed consent for a procedure an interpreter should be called. Refer to the Trust intranet page for current service provider information.

5.9 Privacy & Dignity

Facilities should be available for patients to undress in a private undisturbed area. There should be no undue delay prior to examination once the patient has removed any clothing.

Examinations should take place in a closed room or well screened bay that cannot be entered without consent while the examination is in progress. 'Do not enter' or 'Examination in progress' signs must be used when possible.

5.10 Infants, Children and Young People

Any intimate examination on children and young people under 18 years should be carried out in the presence of a formal chaperone. A parent, carer or someone known and trusted by the child may also be present during the examination or procedure to provide reassurance. Parents or guardians must receive an appropriate explanation of the procedure to provide informed consent when the young person is unable to do so themselves.

Policy on Chaperoning Infants, Children and Young People is available via the key document page of the Trust intranet – Paediatrics (WAHT-TP-083).

5.11 Cultural and Religious Issues

The cultural values and religious beliefs of patients can make intimate examinations and procedures difficult and stressful for themselves and healthcare professionals. Clinicians must be sensitive to the needs of patients and their specific requirements understood (through the use of interpreters if appropriate) and whenever possible, complied with.

Staff must demonstrate cultural sensitivity and respect each patient's individual values regarding privacy, dignity and intimacy. When offering or providing a chaperone, staff should consider the patient's preferences in relation to choice of chaperone, which might include considerations relating to sex, religious beliefs or other personal circumstances.

The purpose of the examination and the role of the chaperone must be communicated using culturally appropriate and respectful language.

5.12 Prisoners

The fact that a patient is a prisoner does not affect their right to have a chaperone offered or whether or not to accept treatment where they have the mental capacity to make such a decision.

5.13 Key Principles for Undertaking Intimate Clinical Assessments remotely – virtual consultations and appointments

Many intimate examinations will not be suitable for a video consultation. Where online, video or telephone consultations take place, GMC guidance explains how to protect patients when images are needed to support clinical decision making. This includes appropriate use of photographs and video consultations as part of patient care.

Where intimate examinations are performed it is important that a chaperone is offered. Documentation should clearly reflect this. It is important to document who provided the chaperoning. It should also say what part of the consultation they were present for.

Key Information for Staff:

[GP mythbuster 15: Chaperones - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/gp-mythbuster-15-chaperones)

[Top tips for digital consultations | RCN Magazines | Royal College of Nursing](#)

5.14 Chaperone availability

If a patient requests a chaperone and one is not immediately available – whether due to patient preference or resource limitations – they must be offered the option to reschedule the appointment within a reasonable timeframe, taking into account the urgency of their clinical needs.

If postponing the examination would pose a risk due to the severity of the condition, this must be explained to the patient and recorded in their clinical notes. The decision to proceed or defer should be made collaboratively between the patient and the healthcare professional.

5.15 No chaperone available/patient unhappy with choice of chaperone

When no chaperone is available or the patient is unhappy with the chaperone offered (for example, they will only accept someone of the same gender), you can ask the patient to return at a different time, if this is not against their clinical needs. Consideration should be given to the chaperone being of the same gender as the patient wherever possible.

5.16 Patient declines a chaperone

Patients have the right to decline a chaperone for any reason, including personal, cultural or privacy concerns, the presence of a family member or carer, or because they do not feel it is necessary. Staff must respect this decision while ensuring the patient's safety and dignity.

If a clinician believes that proceeding without a chaperone would compromise professional standards or patient safety, they should risk assess and the examination should be postponed until an appropriate chaperone is available. The rationale for deferral must be clearly documented in the patient's record.

When a chaperone is declined, staff should consider appropriate safeguards, such as:

- documenting the discussion and decision
- maintaining clear and respectful communication throughout
- ensuring the examination takes place in a private and appropriate setting

5.17 Training and awareness

While individual professionals have a responsibility to ensure that they are aware of the contents of this Policy and apply them, it is the responsibility of lead clinicians, Matrons and Ward Managers to identify any training needs and to organise appropriate workplace instruction. Workplace instruction should involve discussion and demonstration of an understanding of the following:

- the role and purpose of chaperoning, aligned with national principles
- the responsibilities of a chaperone, including understanding the purpose of the examination or procedure
- the definition of an intimate examination and how it may vary based on patient perception
- why chaperones need to be present, taking into account privacy and dignity (for example, chaperones should be able to observe the examination and respond to patient needs and therefore will need to be inside any screened-off area)
- the rights of the patient
- records management procedures related to chaperoning including all documentation and recording processes
- the Policy and mechanisms for raising concerns, including escalation routes
- relevant safeguarding policies and national guidance

Training should also cover the expectations of chaperones, which are to:

- be sensitive and respect the patient's dignity and confidentiality
- reassure the patient if they show signs of distress or discomfort
- be familiar with the procedures involved in a routine intimate examination
- stay for the whole examination and be able to see what the examining clinician is doing, if practical
- be prepared and supported to raise concerns if they are concerned about any behaviours or actions they observe

Instruction on the role of the chaperone should be included (and recorded) in clinical induction programmes for any new members of staff.

5.17.1 Supporting chaperones

In all cases where a chaperone is used, the chaperone should be provided with sufficient information on the reason for the examination and background to the patient to allow them to provide sufficient support. In cases of intimate examinations, they should be provided with a clear rationale for this being required.

5.18 Confidentiality

Patients should be reassured that all staff understand their responsibility not to divulge confidential information.

5.19 Record Keeping

Chaperoning record keeping should include the following:

- explanation of the need for the examination or procedure clearly documented by the professional undertaking the examination. This should include confirmation of the patient's capacity and any best interest decision reached
- confirmation that an active offer of a chaperone was made
- document the patient's decision regarding the examination and the offer of a chaperone in the clinical record. Recognise that patients have the right to decline a chaperone or refuse a specific individual offered as a chaperone, and record the outcome if either is the case
- any decision to proceed, postpone or cancel the examination or procedure, along with any alternative arrangements made, including the name and title of alternative chaperones
- any incidents or complaints related to the examination, procedure or use of chaperones, recorded in accordance with Trust Policy & Procedure
- ensure any concerns in relation to chaperone are escalated immediately

To be complete the record should include:

- date and time of examination or procedure
- examination or procedure
- indication – why the examination is required
- consent to the procedure and a chaperone including details of the discussion between the practitioner and the patient regarding the offer of a chaperone and the name and title of the chaperone offered
- name and role of chaperone and any additional persons present
- if no chaperone present, explain why this was declined
- where possible the chaperone should confirm their presence within the record to allow for identification and audit

6. Implementation

6.1 Plan for implementation

The latest version of this Policy can be found on the Trust intranet site key document and safeguarding pages.

6.2 Dissemination

Staff will be advised of the updated Policy via dissemination by attendees of the Trust Integrated Safeguarding Committee and associated Trust Governance Forums.

6.3 Training and Awareness

This Policy will be available on the Trust intranet key document page and Safeguarding page.

Staff groups will be made aware of the Policy via mandatory safeguarding training at the required level appropriate for their job role.

Chaperone training is available to staff via the Electronic Staff Record (ESR).

7. Monitoring and Compliance

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Compliance with Privacy & Dignity standards	Nursing Quality Checks		Matrons trustwide	Fundamentals of Care Committee in accordance with reporting schedules	
		PALS/complaints trends/themes	Ongoing	Patient Experience Lead	QGC in accordance with Divisional reporting schedules	

Trust Policy



	Adherence to the Chaperone Policy	Annual audit of Chaperone Policy	Annual	Integrated Safeguarding Team	Integrated Safeguarding Committee	Annual in accordance with Safeguarding Audit plan
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8. Policy Review

This Policy will be reviewed every 3 years in accordance with WAHT Key Document review process or in the event of any significant change to procedure.

9. References

HMSO report into the professional behaviour of Clifford Ayling.	2004	HMSO London
RCN Chaperoning: the role of the nurse and the rights of patients.	2006	Royal College of Nursing. London
General Medical Council – Intimate Examinations and chaperones – professional standards	30 th January 2024	gmc-uk.org intimate-examinations-and-chaperones_pdf-58835231.pdf
Policy for Assessing Mental Capacity and Complying with the Mental Capacity Act 2005		WHAT-KD-026
Consent to Examination or Treatment Policy		WAHT-CG-075
Managing Allegations Against People in A Position of Trust Policy		WAHT-HR-098
Freedom To Speak Up Policy		PAR1245 i
Chaperone Policy for Infants, Children & Young People		WAHT-TP-083
Clinical Record Keeping Policy		WAHT-CRK-09
Independent Inquiry into Child Sexual Abuse	2018	https://www.iicsa.org.uk/
RCN Genital Examination in Women	Published 6 th Nov 2023 Page updated 05.04.2024	Genital Examination in Women Royal College of Nursing (rcn.org.uk)
NHSE Key Principles for Undertaking Intimate Clinical Assessments remotely in response to COVID19	V1 July 2020	https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-15-chaperones

NHSE Improving chaperoning practice in the NHS: key principles and guidance	5 th December 2025	NHS England » Improving chaperoning practice in the NHS: key principles and guidance
NHS England: Sexual safety in healthcare – organisational charter	Updated August 2025	NHS England » Sexual safety in healthcare – organisational charter
Royal College of Nursing Magazine –Top Tips for Video Consultations	31 st May 2022 Accessed 22.04.2024	Top tips for digital consultations RCN Magazines Royal College of Nursing

10. Background

10.1 Equality requirements

Refer to Supporting Document 1.

10.2 Financial risk assessment

Refer to Supporting Document 2.

10.3 Contribution List

This key document has been circulated to the following individuals for consultation:

Designation
Integrated Safeguarding Committee representatives
Patient Experience Lead
LGBTQ+ Network Chair
Freedom to Speak Up Guardian

This key document has been circulated to the chair(s) of the following committees / groups for comments;

Committee
Safeguarding Committee 29 th March 2019

Children & Young Peoples Board 2 nd April 2019
Integrated Safeguarding Committee 01.06.2021
Integrated Safeguarding Committee 30.07.2024
Improving Safety Action Group 03.09.2024
Quality Governance Committee

10.4 Approval Process

This Policy will be approved via the Integrated Safeguarding Committee, and Improving Safety Action Group.

Approved:	Date:	Who by:
Approved	29 th March 2019	Safeguarding Committee
Approved	30 th July 2024	Integrated Safeguarding Committee
Approved subject to amendments from 'doctor' to 'Healthcare Professional'	3 rd September 2024	Improving Safety Action Group (ISAG)
Approved	31 st March 2026	Integrated Safeguarding Committee
Approved	5 th May 2026	Improving Safety Action Group (ISAG)

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
Dec 2010	Re-write of original guideline, updated into new format.	S. Ellson
April 2013	To be republished with no amendments	Helen Blanchard
June 2015	Updated individual's names, titles and references. Change to audit process	Sonya Murray
Aug 2017	Document extended for 6 months as per TMC paper approved on 22 nd July 2015	TMC
Dec 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
March 2019	Re write to replace previous trustwide version	Safeguarding Committee
March 2021	Document extended for 6 months as per Trust agreement 11.02.2021	
May 2021	Full review to include Genital Examination in Women (RCN, 2020) and Key Principles for undertaking intimate clinical assessments remotely in response to COVID19 (NHSE, July	Integrated Safeguarding Committee

	2020)	01.06.2021
June 2024	Review and update throughout – published as V4	Integrated Safeguarding Committee 30.07.2024
March 2026	Updated to reflect NHSE Guidance on Chaperones (published December 2025) and updated GMC chaperone guidance (Jan 2024). Roles and responsibilities strengthened.	Integrated Safeguarding Committee 31.03.2026 ISAG 05.05.2026

Supporting Document 1 – Equality Impact Assessment form



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Deborah Narburgh – Head of Safeguarding
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Deborah Narburgh	Head of Safeguarding	deborah.narburgh@nhs.net
	Bec Harris	Improvement Facilitator Chair LGBTQ+ Network	bec.harris@nhs.net
Date assessment completed	09.07.2024		

Section 2

Activity being assessed (e.g. Policy/procedure, document, service redesign, Policy, strategy etc.	Title: Chaperone Policy - Adults			
What is the aim, purpose and/or intended outcomes of this Activity?	This Policy sets out the rights of patients to have a chaperone present during any intimate examination, procedure or treatment. Worcestershire Acute Hospitals NHS Trust is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed.			
Who will be affected by the development & implementation of this activity?	✓ ✓ ✓ ✓	Service User Patient Carers Visitors	✓ ✓	Staff Communities Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity New activity Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	As detailed within reference list			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	As detailed within Policy document			
Summary of relevant findings	This Policy applies to all colleagues whether working in a paid, contractual or voluntary capacity.			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		Policy applies to adults over the age of 18yrs
Disability		X		Policy applies to adults irrespective of disability
Gender Reassignment		X		Policy applies to adults irrespective of gender reassignment
Marriage & Civil Partnerships		X		Policy applies to adults, neutral impact
Pregnancy & Maternity		X		Policy applies to all adults
Race including Traveling Communities		X		Policy applies to all adults Policy circulated to BAME Lead as part of consultation process
Religion & Belief		X		Policy applies to adults irrespective of religion and belief. The Policy details any special considerations - individual
Sex		X		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				Policy applies to adults, irrespective of sex /gender identity
Sexual Orientation		x		Policy applies to adults, irrespective of sexual orientation Policy circulated to LGBTQ+ network Chair as part of consultation
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		Policy applies to adults, considerations for vulnerabilities detailed within Policy document
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		Policy applies to adults – practice will be consistent across all health presentations where the use of a chaperone is requested or identified as required

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				

<p>When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)</p>	

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	D Narburgh B Harris
Date signed	09.07.2024
Comments:	Comments received from LGBTQ+ network Chair updated throughout document / Policy
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Appendix 1

AUDIT TOOL

IMPLEMENTATION AND COMPLIANCE WITH CHAPERONE POLICY

1. Is the professional/s aware of the Chaperone Policy?
 Yes No

2. For patients who have received intimate examination/procedures -

Is there evidence in the patient record that:

Consent was obtained for intimate examination/procedures Yes No

A chaperone was offered? Yes No

3. Is there a poster or patient information leaflet available on request or on display?
 Yes No

4. State number of incidents or complaints for the service as a result of/related to intimate examination/ procedures.

Date completed:

Name:

Designation:

Department:

Contact details: